Form A-174 (Revised 08/2011)

SECURITIES TRANSACTION REQUEST



State of California
Department of Insurance
300 Capitol Mall, Suite 1400
Sacramento, CA 95814

Select link for A174 Instructions						
Request Number						
Assigned by Dept. of Insurance						

California Insurance Code Section						
	Complete One Only					
	General Deposit (940/955) State					
	Workers Compensation (11691)					
	Other (Specify)					

Sacran	nento, CA 95814				Assigned	by Dept. of Insurar	nce		Other (Specify)	
Check One Only:	Initial Deposit	Additional De	eposit _\	Vithdrawal	Substitution/ Exchange		Check One or Both	(if applicable)	Book Entry Physical Secu	urity
COMPANY INFO	RMATION	If new comp	pany, check here	BANK INFORM	ATION FOR INTE	REST PAYMENT	If change, check here □	AGENT INFO	RMATION FOR SECURITIES	DEPOSITS
Company Name				Bank Name				Agent Name		
				Bank ABA # (9 dig	git)			Agent ABA # (9 digit)		
Mailing Address				Bank Account #				DTC/Broker Code		
				FFC# (If applicable	e)			FED Broker Code		
Contact Name	Contact Name			Mailing Address				Mailing Address		
Telephone & Fax #										
E-mail Address				Contact Name		Contact N				
Tax I.D. #				Telephone & Fax	#			Telephone & Fax #		
NAIC/CDI #				Email Address				Email Address		
					SECURITIES	TO BE DEPOS	SITED			
Descrip If depositing stock, ident	tion of Securities ify whether common	or preferred.	Cusip / Serial / Cer Number	Rate	Issue Date	Maturity Date	Par/Face Value	Market Value As of:	Deposit Value (Lower of Par or Market)	Rating (Include Source)
LIST SECURITIES TO BE WITH	DRAWN ON REVER	SE	ı	<u> </u>	DEPOS	I IT GRAND TOTAL:	s			

Form A-174 (Revised 08/2011)	٦	Reque	est Number				
Company Name							
	-						
		Assigned by I	Dept. of Insurance				
BANK INFORMATION FOR PRINCIPAL PA	YMENT (CASH)			AGENT INFORMATION F	FOR SECURITY RELEASE		
Bank Name							
Bank ABA # (9 digit)			Agent ABA # (9 digit)				
Bank Account #			Agent Account #		FFC # (if applicabl	e)	
FFC # (if applicable)			DTC Broker Code		FED Broker Code		
Mailing Address			Mailing Address				
Contact Name			Contact Name				
Telephone & Fax #			Telephone & Fax #				
Email Address		Email Address					
	CEC	IDITIES TO	BE WITHDRAWN				
Description of Securities	Cusip / Serial / Certificate	URITIES TO	BE WITHDRAWN		Market Value	Deposit Value	
If withdrawing stock, identify whether common or preferred.	Number	Rate	Maturity Date	Par/Face Value	As of:	(Lower of Par or Market)	
		WITHDRAW	AL GRAND TOTALS				
		ALITHO	RIZATION				
COMPA		DEPARTMENT OF INSURANCE	E				
MUST ALWAYS BE COMPLETED BY A							
The statements contained herein are true and co	REQUEST APPROVED						
State of on the	FOR THE COMMISSIONER						
NO CORPORATE SECURITIES NOW BEING DEPOSITED HAVE		FOR THE COMMISSIONER					
BY				-			
Company Officer	Print N	ame and Title		Deputy	/ Commissioner	Date	